

**A RESOLUTION PERTAINING TO THE ADOPTION OF A POLICY REGARDING  
CAREER EMERGENCY MEDICAL SERVICES (“CEMS”) EMPLOYMENT  
BACKGROUND CHECKS**

**WHEREAS**, an integrated service model where both volunteer and career personnel provide emergency medical services will serve to enhance the health, safety and general welfare of our citizens, affording the best opportunity to maintain a high-quality Emergency Medical Service System;

**WHEREAS**, the Board of County Commissioners of Calvert County, Maryland recognizes the existing public trust in emergency medical services clinicians;

**WHEREAS**, administering a background check to clinical applicants for positions within the Career Emergency Medical Services Division will help maintain the public trust and the high integrity expected from these public safety personnel; and

**WHEREAS**, the Board of County Commissioners deems it in the best interest of the public to administer a background check to clinical applicants for positions within the Career Emergency Medical Services Division.

**NOW, THEREFORE, BE IT RESOLVED** by the Board of County Commissioners of Calvert County, Maryland that the policy attached hereto as Exhibit A regarding Career Emergency Medical Services (“CEMS”) Employment Background Check is hereby adopted;

**BE IT FURTHER RESOLVED** by the Board of County Commissioners of Calvert County, Maryland that, in the event any portion of this Resolution is found to be unconstitutional, illegal, null or void, it is the intent of the Board of County Commissioners to sever only the invalid portion or provision, and that the remainder of the Resolution shall be enforceable and valid;

**BE IT FURTHER RESOLVED** by the Board of County Commissioners of Calvert County, Maryland, that the foregoing recitals are adopted as if fully rewritten herein; and

**BE IT FURTHER RESOLVED** by the Board of County Commissioners of Calvert County, Maryland, that this Policy will be effective on the 24<sup>th</sup> day of April, 2020, following recordation without publication of a fair summary, and will stay in effect until amended or rescinded by the Board of County Commissioners of Calvert County, Maryland.

**DONE**, this 21<sup>st</sup> day of April, 2020 by the Board of County Commissioners of Calvert County, Maryland, sitting in regular session.

Aye: 5

Nay: 0

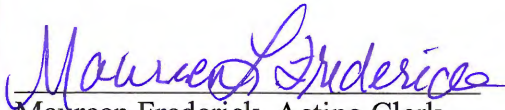
Absent/Abstain: 0

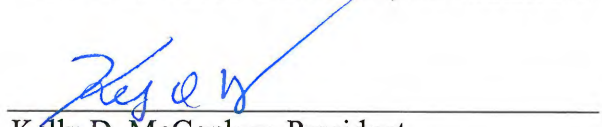
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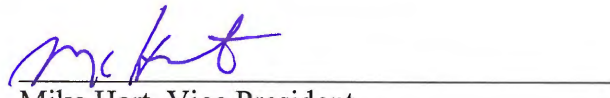
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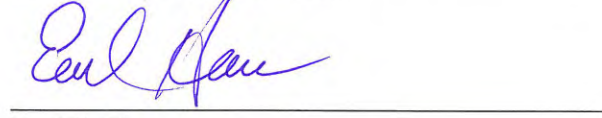
ATTEST:

**BOARD OF COUNTY COMMISSIONERS  
OF CALVERT COUNTY, MARYLAND**

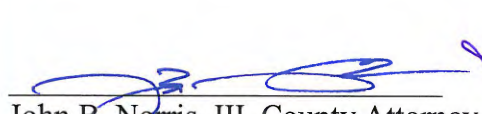
  
Maureen Frederick, Acting Clerk

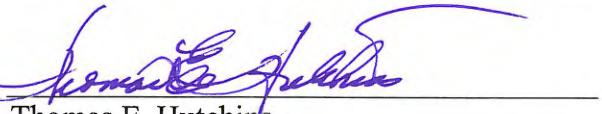
  
Kelly D. McConkey, President


  
Mike Hart, Vice President

  
Earl F. Hance

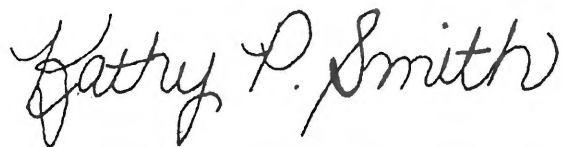
Approved for legal sufficiency  
by:

  
John B. Norris, III, County Attorney

  
Thomas E. Hutchins

  
Steven R. Weems

Moved for Record.....April 24....., 20..20  
.....12:40 o'clock.....P.....M. Same day  
Recorded in Liber KPS No. ....60.....  
Folio.....257.....COUNTY COMMISSIONERS  
ORDINANCES AND RESOLUTION.





**CALVERT COUNTY GOVERNMENT  
GUIDELINE/POLICY/PROCEDURE**

<b>TITLE:</b>	Career Emergency Medical Services (CEMS) Background Check		
<b>ISSUED BY:</b>	Department of Human Resources		
<b>RESPONSIBLE STAFF:</b>	CEMS Division Chief and Human Resources Director		
<b>ISSUE DATE:</b>	TBD	<b>REVISION DATE:</b>	
<b>PURPOSE:</b>	Establish Background Check Policy		
<b>APPLICABLE TO:</b>	Career EMS Applicants to Whom a Conditional Offer of Employment Has Been Made.		
<b>ATTACHMENTS:</b>	A. Career EMS Background Screening Standards B. Applicant Personal History Statement C. Notice to Applicants/Authorization for Release of Personal Information		

<input type="checkbox"/> <b>GUIDELINE</b>	<input checked="" type="checkbox"/> <b>POLICY</b>	<input checked="" type="checkbox"/> <b>PROCEDURE</b>
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**This document needs to be reviewed/updated:**

<input type="checkbox"/> <b>Annually</b>	<input type="checkbox"/> <b>Other Interval:</b>	
<input type="checkbox"/> <b>(Fiscal Year)</b>		<b>Flag for review on:</b>
<input type="checkbox"/> <b>(Calendar Year)</b>	<input checked="" type="checkbox"/> <b>As needed</b>	

**I. Purpose**

CEMS requires all applicants to whom a conditional offer of employment has been extended to undergo a background check to ensure the safe operation of the division.

**II. Policy**

Successful applicants for all positions within the CEMS division are required to have clear results of a thorough background investigation and criminal history record check as such is defined herein.

**III. Definitions**

**Applicant Personal History Statement:** Questionnaire completed by applicants for all positions within the CEMS division. Includes:

- Personal data



- Financial data
- References and associates
- Residence data
- Education history
- Employment data
- Driving history
- Selective service and military history
- Arrest/conviction data

**Background Investigator:** An individual designated by the Director of Human Resources that has successfully completed a Background Investigators Certification, or equivalent, and is charged with conducting the background investigation.

**Background Interview:** In-person meeting between the Background Investigator and the applicant to discuss the information provided in the completed Applicant Personal History Statement.

**Background Investigation:** Process of validating evaluating information provided in the Applicant Personal History Statement to include but not limited to: personal information; financial information; references; current and past residences; education; employment history; driving records; military service, and arrest/conviction records.

**Background Screening Standards:** List of offenses that will disqualify an applicant from serving as an employee for any CEMS position. Based on the provider standards criteria by the Maryland Institute of Emergency Medical Services (MIEMSS).

**Clear Results:** No disqualifying offenses or factors. See Attachment A.

**Criminal History Records Check:** A fingerprint-supported national and FBI criminal history record from the Maryland Criminal Justice Information System.

**Fingerprinting:** Process of obtaining an electronic or paper copy of an applicant's fingerprints to establish any history of criminal convictions or arrests.

**Hiring Manager:** Person who requests a vacant position to be filled; works with the Department of Human Resources to fill the vacancy through the hiring process; leads the employee selection team; makes a recommendation to hire; and manages the onboarding process. Typically is the immediate supervisor of the position.

**Memorandum of Findings:** Summary of the Background Interview and Background Investigation provided to the Hiring Manager and Human Resources Director from the Background Investigator.



#### IV. Procedure

- Upon conditional offer of employment, the applicant must:
  - Complete a background check authorization form and return it to the Department of Human Resources. The applicant must ensure that the background forms are executed and notarized.
  - Complete an Applicant Personal History Statement and return it to the Department of Human Resources.
  - Schedule a fingerprinting appointment through the Department of Human Resources.
- Upon receipt of a clear Criminal History Records Check:
  - The Department of Human Resources will notify applicants, in writing, to schedule a Background Interview with the Background Investigator.
  - The Background Investigator will conduct the Background Investigation.
- Upon receipt of an unacceptable Criminal History Records Check:
  - The Department of Human Resources will notify the applicant that they are no longer being considered for the position and will need to submit another application for future vacancies.
  - The applicant status will be indicated as "failed" for the applicable recruitment.
- Upon completion of the Background Investigation and Background Interview, the Background Investigator will submit a Memorandum of Findings to the Hiring Manager and Human Resources Director.

**Background Screening Standards for Career Emergency Medical Services Employees**

A person will be disqualified and prohibited from serving as an employee for the Calvert County Career Emergency Medical Services Division if they have been convicted of, pled guilty, pled nolo contendere to, or received probation before judgement for any of the disqualifying offenses.

**Disqualifying Offenses:**

1. **All Sex Offenses** – Regardless of the amount of time since offense.  
Examples:  
Child molestation, rape, sexual assault, sexual battery, sodomy, prostitution, solicitation, indecent exposure, etc.
2. **All Felony Violence** – Regardless of the amount of time since offense.  
Examples:  
Murder, manslaughter, aggravated assault, kidnapping, robbery, aggravated burglary, etc.
3. **All Crimes Against Children** – Regardless of the amount of time since offense.  
Examples:  
Child abuse, child neglect, etc.
4. **All Felony Offenses Other Than Violence or Sex** – Within the past 10 years.  
Examples:  
Drug related, theft, fraud, etc.
5. **All Misdemeanor Violence** – Within the past 7 years.  
Examples:  
Simple assault, battery, domestic violence, hit and run, etc.
6. **All Misdemeanor Drug and Alcohol Offenses** – Within the past 5 years or multiple offenses in the past 10 years.  
Examples:  
Driving under the influence, simple drug possession, drunk and disorderly, public intoxication, possession of drug paraphernalia, etc.
7. **Any Other Misdemeanor** – Within the past 5 years that would be considered a potential danger to children or is directly related to the functions of the employment.  
Examples:  
Contributing to the delinquency of a minor, providing alcohol to a minor, theft- if a person is handling monies, etc.
8. **Open Charges** – Employees with any open charges for disqualifying offenses may be suspended without pay from employment in lieu of termination until the charges are resolved. Continued employment will be determined by the resolution of the charges.



Jacqueline K. Vaughan, Director  
Barry Contee, Division Chief

**CALVERT COUNTY  
DEPARTMENT OF PUBLIC SAFETY  
CAREER EMS DIVISION**

175 Main Street  
Prince Frederick, Maryland 20678  
410-535-1600, Ext. 2606 • Fax: 443-486-4074  
[www.calvertcountymd.gov](http://www.calvertcountymd.gov)

*Board of Commissioners*  
Earl F. Hance  
Mike Hart  
Thomas E. Hutchins  
Kelly D. McConkey  
Steven R. Weems

**APPLICANT PERSONAL HISTORY STATEMENT**

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**PERSONAL HISTORY STATEMENT****Part I - Instructions to the Applicant**

This form must be **TYPED** or **PRINTED IN BLACK INK** neatly by the applicant. Each question must be answered accurately. If a question does not apply to you, write "N/A" (Not Applicable) as your response to that question. Incomplete and/or inaccurate answers will substantially extend the time required to process your application. If this Personal History Statement is incomplete at the time of the initial interview, the form will be returned to you and the interview will be postponed until the application is in compliance with instructions.

Information you provide in this Personal History Statement will be used in the investigation into your background to assist in determining your suitability for the position for which you have applied. Information we have about you may also be given to federal, state, or local agencies for checking on law violations or other lawful purposes. Please fill out the questionnaire completely and accurately. Keep in mind that:

1. The completion of this form is mandatory to receive consideration for appointment;
2. All statements are subject to verification;
3. Deliberate inaccuracies or incomplete statements may result in the rejection of your application and;
4. All time periods in your background must be accounted for.

It is to your advantage to respond openly. Any negative factor contained in the information provided by you will be evaluated in terms of the circumstances and facts surrounding it and its degree of relevance to the job. On the other hand, you may be disqualified if you intentionally make a false statement of material fact, intentionally omit a material fact, or if you practice or attempt to practice any form of deception or fraud in this statement.

If additional space is required for an answer to any question, continuation sheets are provided in Part XI at the end of this form. Be sure to identify each entry on the continuation sheets with appropriate section and question number.

**REQUIRED DOCUMENTS**

All applicants will be required to provide certain documents at the time of their personal interview. The documents, as applicable, are:

1. Birth certificate
2. Driver's license
3. Social Security card
4. High school diploma or GED
5. DD214(s) for each period of military service
6. Naturalization certificate (This form cannot be reproduced. Information from it will be recorded by the interviewers.)
7. Court orders such as:
  - a. Name change
  - b. Bankruptcy, etc.
8. Credit report



## Personal History Statement

## Part II – Personal Data

1. Your Name: (Last, First, Middle)					Social Security Number				
Aliases, Maiden Names, Nicknames (Specify Which)					Place of Birth: City, State				
2. Citizenship: <input type="checkbox"/> US <input type="checkbox"/> Alien		Acquired by: <input type="checkbox"/> Birth <input type="checkbox"/> Naturalized <input type="checkbox"/> Derived			Alien Registration No.			Native Country	
Date, Place, & Port of Entry to US:					If Naturalized, Date, Court Location, & Certificate:				
If Derived, Parent's Certificate Number(s):					If Resident Alien, Name of Sponsor:				
Birth Date	Sex —	Height	Weight	Eyes	Hair	Scars / Marks / Tattoos			
3. Present Address					Apt. No.	City		State	ZIP
Permanent Legal Address					Apt. No.	City		State	ZIP
Home Telephone # & Hours you can be reached, Day & Hours:					Work Telephone # & Hours you can be reached, Day & Hours:				
4. Applicants must provide all requested information concerning their parents. If either or both are deceased, parts A, B, D, & E must still be provided.									
A. Father's Name: Last, First, Middle					B. Deceased: <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," give date of death:				
C. Present Address					Apt. No.	City		State	ZIP
D. Place of Birth (City, State)					E. Date of Birth			F. Home Telephone	
A. Mother's Name: Last, First, Middle					B. Deceased: <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," give date of death:				
C. Present Address					Apt. No.	City		State	ZIP
D. Place of Birth (City, State)					E. Date of Birth			F. Home Telephone	
5. If you were reared by anyone other than your natural parents, give the information concerning those who reared you. (This does not apply to institutions or foster homes.)									
A. Name: Last, First, Middle					Relationship/Dates Under Their Care			Telephone	
Present Address					Apt. No.	City		State	ZIP
B. Name: Last, First, Middle					Relationship/Dates Under Their Care			Telephone	
Present Address					Apt. No.	City		State	ZIP

Use continuation sheets in Part XI to provide additional information.

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**PERSONAL HISTORY STATEMENT**  
**PART III - Financial Data**

**NOTE: If you answer "YES" to any of questions 6 - 12, give details in Part XI.**

6. ☐ Yes ☐ No Do you presently hold active or silent controlling interest in any company?

7. ☐ Yes ☐ No Do you now/Have you ever had any wage garnishments/assignments of your salary?

8. ☐ Yes ☐ No Have you ever been found delinquent on income or other tax payments?

9. ☐ Yes ☐ No Have you ever had a court ordered financial judgment against you?

10. ☐ Yes ☐ No Do you presently have a financial judgment pending in court?

11. ☐ Yes ☐ No Have you ever had any real or personal property repossessed?

12. ☐ Yes ☐ No Have you ever filed for or declared bankruptcy or used a wage earner's plan?

13. Your monthly income:

14. List other sources of income you have. Break it down to amount received per month.

Income Source (Include Stocks & Bonds)	Monthly Income	Institution Where Funds Deposited
A.		
B.		
C.		

15. List requested information concerning your ASSETS.

Checking Institution Name	Location	Account Number	Amount
A.			\$
B.			\$
C.			\$
Savings Institution Name	Location	Account Number	Amount
A.			\$
B.			\$
C.			\$
Life Insurance Institution Name	Location	Account Number	Cash Value
A.			\$
B.			\$
C.			\$
Real Estate Owned: Address or Location	Mortgage or Holding Company	Account Number	Equity
A.			\$
B.			\$
C.			\$
Vehicles: Description	Holder of Lien	Account Number	Cash Value
A.			\$
B.			\$
C.			\$
Other Assets			Value
A.			\$
B.			\$

16. List your present liabilities (Mortgage, Loans, Credit Cards, etc.)

Creditor Name	Account Number	Balance	Payment per Month
A.			\$
B.			\$
C.			\$
D.			\$
E.			\$

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**PERSONAL HISTORY STATEMENT**  
**PART IV - References & Friends/Associates**

17. Give information on three references, not related by blood or marriage, not former employers and not mentioned elsewhere in this Personal History Statement, who are responsible adults or of reputable standing in their community, who have known you well for at least five years. These references may include, but are not limited to teachers, counselors, house holders, clergy, etc.

A. Name: Last, First, Middle	Years Known	Home Telephone	Occupation	Business Telephone
Home Address	Apt. No.	City	State	ZIP
Business Address		City	State	ZIP
B. Name: Last, First, Middle	Years Known	Home Telephone	Occupation	Business Telephone
Home Address	Apt. No.	City	State	ZIP
Business Address		City	State	ZIP
C. Name: Last, First, Middle	Years Known	Home Telephone	Occupation	Business Telephone
Home Address	Apt. No.	City	State	ZIP
Business Address		City	State	ZIP

18. Give information on three references with whom you have associated (i.e. you saw frequently) during the last three years. Exclude relatives, former employers & persons mentioned elsewhere in this Personal History Statement.

A. Name: Last, First, Middle	Years Known	Home Telephone	Occupation	Business Telephone
Home Address	Apt. No.	City	State	ZIP
Business Address		City	State	ZIP
B. Name: Last, First, Middle	Years Known	Home Telephone	Occupation	Business Telephone
Home Address	Apt. No.	City	State	ZIP
Business Address		City	State	ZIP
C. Name: Last, First, Middle	Years Known	Home Telephone	Occupation	Business Telephone
Home Address	Apt. No.	City	State	ZIP
Business Address		City	State	ZIP

**PERSONAL HISTORY**  
**PART V - Residence Data**

19. Provide information on all your residences during the last 10 years, beginning with your present residence and working backwards. Also, give the name and present street address of one neighbor, (not necessarily a personal acquaintance), and the name and address of the realty company, property or mortgage holder. Include your mailing and/or street address during military service and/or college.

A. From	To	Present Address	Apt. #	City	State	ZIP
Realty Co./Property Owner		Address		City	State	ZIP
Neighbor Name		Telephone #	Address	Apt. #	City	State ZIP
For Present Residence Only: Do You: <input type="checkbox"/> Own <input type="checkbox"/> Rent Do you reside with: <input type="checkbox"/> Self <input type="checkbox"/> Other Give Name:						
B. From	To	Present Address	Apt. #	City	State	ZIP
Realty Co./Property Owner		Address		City	State	ZIP
Neighbor Name		Telephone #	Address	Apt. #	City	State ZIP
C. From	To	Present Address	Apt. #	City	State	ZIP
Realty Co./Property Owner		Address		City	State	ZIP
Neighbor Name		Telephone #	Address	Apt. #	City	State ZIP
D. From	To	Present Address	Apt. #	City	State	ZIP
Realty Co./Property Owner		Address		City	State	ZIP
Neighbor Name		Telephone #	Address	Apt. #	City	State ZIP
E. From	To	Present Address	Apt. #	City	State	ZIP
Realty Co./Property Owner		Address		City	State	ZIP
Neighbor Name		Telephone #	Address	Apt. #	City	State ZIP
F. From	To	Present Address	Apt. #	City	State	ZIP
Realty Co./Property Owner		Address		City	State	ZIP
Neighbor Name		Telephone #	Address	Apt. #	City	State ZIP
G. From	To	Present Address	Apt. #	City	State	ZIP
Realty Co./Property Owner		Address		City	State	ZIP
Neighbor Name		Telephone #	Address	Apt. #	City	State ZIP
H. From	To	Present Address	Apt. #	City	State	ZIP
Realty Co./Property Owner		Address		City	State	ZIP
Neighbor Name		Telephone #	Address	Apt. #	City	State ZIP



## PERSONAL HISTORY STATEMENT

### PART VI - Education

**NOTE: If you answer "Yes" to any of questions 20 - 25, provide documents and give complete details in Part II continuation page.**

20.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Did you graduate from high school & receive a diploma?			
21.	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Did you pass a GED test?		
22.	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Did you obtain your GED in the armed forces?		
23.	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Did you present your GED to a board of education?		
24.	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Did you attend college but did not graduate?		
25.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Were you ever suspended, dismissed, or disciplined at/from any school?			
26. What, if any, degrees have been conferred upon you beyond high school? Provide documents if applicable.						
27. Provide information on all schools attended since the 9th grade, beginning with the most recent. Be sure to include colleges, universities, business or trade schools and military schools.						
A. From	To	Name of School	Address	City	State	ZIP
Highest Grade Completed:		Principle Course of Study/Description of Studies/Name of Course			GPA	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
A. From	To	Name of School	Address	City	State	ZIP
Highest Grade Completed:		Principle Course of Study/Description of Studies/Name of Course			GPA	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
A. From	To	Name of School	Address	City	State	ZIP
Highest Grade Completed:		Principle Course of Study/Description of Studies/Name of Course			GPA	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
A. From	To	Name of School	Address	City	State	ZIP
Highest Grade Completed:		Principle Course of Study/Description of Studies/Name of Course			GPA	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
A. From	To	Name of School	Address	City	State	ZIP
Highest Grade Completed:		Principle Course of Study/Description of Studies/Name of Course			GPA	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
A. From	To	Name of School	Address	City	State	ZIP
Highest Grade Completed:		Principle Course of Study/Description of Studies/Name of Course			GPA	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
A. From	To	Name of School	Address	City	State	ZIP
Highest Grade Completed:		Principle Course of Study/Description of Studies/Name of Course			GPA	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
A. From	To	Name of School	Address	City	State	ZIP
Highest Grade Completed:		Principle Course of Study/Description of Studies/Name of Course			GPA	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
A. From	To	Name of School	Address	City	State	ZIP
Highest Grade Completed:		Principle Course of Study/Description of Studies/Name of Course			GPA	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
A. From	To	Name of School	Address	City	State	ZIP
Highest Grade Completed:		Principle Course of Study/Description of Studies/Name of Course			GPA	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
A. From	To	Name of School	Address	City	State	ZIP
Highest Grade Completed:		Principle Course of Study/Description of Studies/Name of Course			GPA	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
A. From	To	Name of School	Address	City	State	ZIP
Highest Grade Completed:		Principle Course of Study/Description of Studies/Name of Course			GPA	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
A. From	To	Name of School	Address	City	State	ZIP
Highest Grade Completed:		Principle Course of Study/Description of Studies/Name of Course			GPA	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
A. From	To	Name of School	Address	City	State	ZIP
Highest Grade Completed:		Principle Course of Study/Description of Studies/Name of Course			GPA	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
A. From	To	Name of School	Address	City	State	ZIP
Highest Grade Completed:		Principle Course of Study/Description of Studies/Name of Course			GPA	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
A. From	To	Name of School	Address	City	State	ZIP
Highest Grade Completed:		Principle Course of Study/Description of Studies/Name of Course			GPA	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
A. From	To	Name of School	Address	City	State	ZIP
Highest Grade Completed:		Principle Course of Study/Description of Studies/Name of Course			GPA	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
A. From	To	Name of School	Address	City	State	ZIP
Highest Grade Completed:		Principle Course of Study/Description of Studies/Name of Course			GPA	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
A. From	To	Name of School	Address	City	State	ZIP
Highest Grade Completed:		Principle Course of Study/Description of Studies/Name of Course			GPA	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
A. From	To	Name of School	Address	City	State	ZIP
Highest Grade Completed:		Principle Course of Study/Description of Studies/Name of Course			GPA	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
A. From	To	Name of School	Address	City	State	ZIP
Highest Grade Completed:		Principle Course of Study/Description of Studies/Name of Course			GPA	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
A. From	To	Name of School	Address	City	State	ZIP
Highest Grade Completed:		Principle Course of Study/Description of Studies/Name of Course			GPA	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
A. From	To	Name of School	Address	City	State	ZIP
Highest Grade Completed:		Principle Course of Study/Description of Studies/Name of Course			GPA	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
A. From	To	Name of School	Address	City	State	ZIP
Highest Grade Completed:		Principle Course of Study/Description of Studies/Name of Course			GPA	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
A. From	To	Name of School	Address	City	State	ZIP
Highest Grade Completed:		Principle Course of Study/Description of Studies/Name of Course			GPA	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
A. From	To	Name of School	Address	City	State	ZIP
Highest Grade Completed:		Principle Course of Study/Description of Studies/Name of Course			GPA	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
A. From	To	Name of School	Address	City	State	ZIP
Highest Grade Completed:		Principle Course of Study/Description of Studies/Name of Course			GPA	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
A. From	To	Name of School	Address	City	State	ZIP
Highest Grade Completed:		Principle Course of Study/Description of Studies/Name				

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**Personal History Statement**  
**Part VII - Employment Data**

**NOTE: If you answered "Yes" to any parts of question 28, give complete details in Section XI.**

28. Have you ever: A. Been discharged from employment (fired) for any reason? <input type="checkbox"/> Yes <input type="checkbox"/> No B. Quit after being told that you were to be fired? <input type="checkbox"/> Yes <input type="checkbox"/> No C. Quit after being told that you were to be disciplined? <input type="checkbox"/> Yes <input type="checkbox"/> No D. Been suspended from employment because of disciplinary reasons? <input type="checkbox"/> Yes <input type="checkbox"/> No									
29. Give your complete work history, starting with your present position & work backward. Give all periods of active military duty (include active duty for training for more than fifteen days) & all periods of unemployment identifying as such). Also include all part-time, temporary. Summer employment, and voluntary employment.									
A From		To		Job Title/Position			Mark One: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Voluntary <input type="checkbox"/> Unemployment <input type="checkbox"/> Summer <input type="checkbox"/> Temporary		
Employer Name			Address			City		State	ZIP
Supervisor Name			Telephone		Starting Salary \$ per		Ending Salary \$ per		
Briefly describe your duties & reason for leaving									
B From		To		Job Title/Position			Mark One: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Voluntary <input type="checkbox"/> Unemployment <input type="checkbox"/> Summer <input type="checkbox"/> Temporary		
Employer Name			Address			City		State	ZIP
Supervisor Name			Telephone		Starting Salary \$ per		Ending Salary \$ per		
Briefly describe your duties & reason for leaving									
C From		To		Job Title/Position			Mark One: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Voluntary <input type="checkbox"/> Unemployment <input type="checkbox"/> Summer <input type="checkbox"/> Temporary		
Employer Name			Address			City		State	ZIP
Supervisor Name			Telephone		Starting Salary \$ per		Ending Salary \$ per		
Briefly describe your duties & reason for leaving									
D From		To		Job Title/Position			Mark One: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Voluntary <input type="checkbox"/> Unemployment <input type="checkbox"/> Summer <input type="checkbox"/> Temporary		
Employer Name			Address			City		State	ZIP
Supervisor Name			Telephone		Starting Salary \$ per		Ending Salary \$ per		
Briefly describe your duties & reason for leaving									

Employment Data continued on next page.

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**PERSONAL HISTORY STATEMENT**  
**PART VII - Employment (Data Cont.)**

E From	To	Job Title/Position	Mark One: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Voluntary <input type="checkbox"/> Unemployment <input type="checkbox"/> Summer <input type="checkbox"/> Temporary	
Employer Name		Address	City	State ZIP
Supervisor Name		Telephone	Starting Salary \$ per	Ending Salary \$ per
Briefly describe your duties & reason for leaving:				
F From	To	Job Title/Position	Mark One: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Voluntary <input type="checkbox"/> Unemployment <input type="checkbox"/> Summer <input type="checkbox"/> Temporary	
Employer Name		Address	City	State ZIP
Supervisor Name		Telephone	Starting Salary \$ per	Ending Salary \$ per
Briefly describe your duties & reason for leaving:				
G From	To	Job Title/Position	Mark One: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Voluntary <input type="checkbox"/> Unemployment <input type="checkbox"/> Summer <input type="checkbox"/> Temporary	
Employer Name		Address	City	State ZIP
Supervisor Name		Telephone	Starting Salary \$ per	Ending Salary \$ per
Briefly describe your duties & reason for leaving:				
H From	To	Job Title/Position	Mark One: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Voluntary <input type="checkbox"/> Unemployment <input type="checkbox"/> Summer <input type="checkbox"/> Temporary	
Employer Name		Address	City	State ZIP
Supervisor Name		Telephone	Starting Salary \$ per	Ending Salary \$ per
Briefly describe your duties & reason for leaving:				
I From	To	Job Title/Position	Mark One: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Voluntary <input type="checkbox"/> Unemployment <input type="checkbox"/> Summer <input type="checkbox"/> Temporary	
Employer Name		Address	City	State ZIP
Supervisor Name		Telephone	Starting Salary \$ per	Ending Salary \$ per
Briefly describe your duties & reason for leaving:				



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**PERSONAL HISTORY STATEMENT**  
**PART VIII – Driving History**

**NOTE: If you answer "Yes" to any of questions 30 - 34, give details in Part II.**

30. ☐ Yes ☐ No Do you currently have a valid driver's license?
31. ☐ Yes ☐ No Is your license now, or has it ever been DENIED, REFUSED, SUSPENDED, REVOKED, or subjected to any other similar penalty or action?
32. ☐ Yes ☐ No Were you ever involved in an accident?
33. ☐ Yes ☐ No Has an insurance company ever refused or canceled your policy?
34. ☐ Yes ☐ No Have the license plates &/or registration to any vehicle you drive ever been DENIED, SUSPENDED, REVOKED, or subjected to any similar penalty or action?

35. Provide requested information on all driver's licenses, which are now or have been issued to you from any state (even though these licenses may not be expired or have been replaced by another issuing agency or state).

State	License Number	Expiration Date	Type or Class of License

36. Provide requested information on all traffic violations or citations (exclude parking tickets) that you have received. Include in your response, but do not limit it to such violations as speeding, reckless driving, improper lane change, defective equipment and red lights.

Date	Violation/Charge	City/State	Police Agency	Disposition	Fine	Points

37 A. License Tag	State	Make	Model	Year	Owner's Name	
Owner's Address			Apt. #	City	State	ZIP
B. License Tag	State	Make	Model	Year	Owner's Name	
Owner's Address			Apt. #	City	State	ZIP
C. License Tag	State	Make	Model	Year	Owner's Name	
Owner's Address			Apt. #	City	State	ZIP
D. License Tag	State	Make	Model	Year	Owner's Name	
Owner's Address			Apt. #	City	State	ZIP



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**PERSONAL HISTORY STATEMENT**  
**PART IX - Selective Service, Military, Arrest/Conviction & Miscellaneous**

**NOTE: All 'Yes' answers to questions 38-53 must be fully explained in Part XI.**

38 Are you registered with the Selective Service? ☐ Yes ☐ No ☐ Male ☐ Female ☐  
 If "Yes," submit proof. If "No," explain in Part XI.

39 Present Selective Service Classification (if known) \_\_\_\_\_ List any other Classifications You Have Had \_\_\_\_\_

40 Date of Last Classification \_\_\_\_\_ Selective Service No. \_\_\_\_\_ Local Board No. \_\_\_\_\_ Local Board City & State \_\_\_\_\_

41 Have you ever been denied entrance to any of the armed forces or uniformed services? ☐ Yes ☐ No

42 Branch of Service <input type="checkbox"/> N/A	Primary M.O.S.	Service No.	Entered Date	Released Date	Enlisted?	Officer?	Start Rank	End Rank

43 Branch of Reserves <input type="checkbox"/> N/A	Primary M.O.S.	Service No.	Entered Date	Released Date	Enlisted?	Officer?	Start Rank	End Rank

44 National Guard <input type="checkbox"/> N/A	Primary M.O.S.	Service No.	Entered Date	Released Date	Enlisted?	Officer?	Start Rank	End Rank

45 If you still have a National Guard or Reserve obligation, give the type of obligation and date the obligation is scheduled to end: \_\_\_\_\_

46 Have you ever been \_\_\_\_\_  
 A ☐ Yes ☐ No Denied re-enlistment after a period of service?  
 B ☐ Yes ☐ No Subjected to any disciplinary actions (judicial or non-judicial) in the service?  
 C ☐ Yes ☐ No Subject of criminal investigation by military police alleging misconduct?

47 Have you ever been \_\_\_\_\_  
 A ☐ Yes ☐ No Arrested?  
 B ☐ Yes ☐ No Charged by any law enforcement agency?  
 C ☐ Yes ☐ No Convicted of any offense against the law?  
 D ☐ Yes ☐ No Forfeited collateral in the connection with an arrest?  
 E ☐ Yes ☐ No Placed on probation for a violation of the law?  
 F ☐ Yes ☐ No The plaintiff or defendant in any civil court action?

48 Are you now \_\_\_\_\_  
 A ☐ Yes ☐ No Charged with an offense by any law enforcement agency?  
 B ☐ Yes ☐ No On bail or personal recognizance or other condition of release?  
 C ☐ Yes ☐ No On probation of any type?

49 Do you now use, try, or experiment, etc. with: \_\_\_\_\_  
 A ☐ Yes ☐ No Marijuana (in any of its forms)?  
 B ☐ Yes ☐ No Cocaine (in any of its forms)?  
 C ☐ Yes ☐ No Narcotics of any kind?  
 D ☐ Yes ☐ No "Designer" drugs?  
 E ☐ Yes ☐ No Dangerous drugs of any kind?  
 F ☐ Yes ☐ No Medication other than under a doctor's prescription (excepting over-the-counter medications)?

50 Are you now, or have you ever been a member of or espoused the basic tenants of: \_\_\_\_\_  
☐ Yes ☐ No An organization that to your present knowledge seeks the overthrow of the constitutional form of government of the United States by force, violence, or other unlawful means?

51 ☐ Yes ☐ No Have you ever been issued a permit or license to carry a handgun or weapon on your person?

52 Have you ever \_\_\_\_\_  
 A ☐ Yes ☐ No Applied for a position with any federal, state, or local law enforcement, public safety, or fire department?  
 B ☐ Yes ☐ No Applied for any position with the federal government for which a background investigation was initiated or conducted?  
 C ☐ Yes ☐ No Been denied employment by agencies given in Part A or B?

If you answered "Yes" to parts A, B, or C, provide complete details in Part II regarding all positions for which you applied. Be sure to include the name & address of each organization applied to, the position applied for, the date(s) of your application(s), and the reason(s) you were not employed (including a thorough explanation of why you were denied employment).

**BACKGROUND INVESTIGATION SUPPLEMENTARY INFORMATION****Instructions to the Applicant**

This form must be **PRINTED IN BLACK INK** or **TYPED** by the applicant. Each question must be answered accurately. If a question does not apply to you, write "N/A" (Not applicable) as your response to that question. Incomplete and/or inaccurate answers will substantially extend the time required to process your application. If this information is incomplete, the form will be returned to you and the background investigation will be postponed until it is in compliance with instructions.

Information you provide in this form will be used in the investigation into your background to assist in determining your suitability for the position for which you have applied. Information we have about you may also be given to federal, state, or local agencies for checking on law violations or other lawful purposes. Please fill out the questionnaire completely and accurately. Keep in mind that:

1. The completion of this form is mandatory to receive consideration for appointment.
2. All statements are subject to verification.
3. Deliberate inaccurate or incomplete statements may bar or remove you from employment.
4. All time periods in your background must be accounted for.

It is to your advantage to respond openly. Any negative factor contained in the information provided by you will be evaluated in terms of the circumstances and facts surrounding it and its degree of relevance to the job. On the other hand, you may be disqualified if you intentionally make a false statement of material fact, intentionally omit a material fact, or if you practice or attempt to practice any form of deception or fraud in, this statement.

If additional space is required for an answer to any question, continuation sheets are provided in Part II at the end of this form. Be sure to identify each entry on the continuation sheets with appropriate section and question number.

**ADDITIONAL REQUIRED DOCUMENTS**

All applicants will be required to produce applicable documents. These documents are:

1. Court orders such as:
  - a. Divorce
  - b. Legal separation
  - c. Paternity or child support orders
2. Legal documents which pertain to your present and/or previous marriage(s)

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# **BACKGROUND INVESTIGATION SUPPLEMENTARY INFORMATION** (PART X)

1. Present Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		Has Current Spouse Been: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> N/A	
Name of Present Spouse: Last, First Middle		Date of Birth	Social Security Number
Aliases, Maiden Names, Nicknames (Specify Which)		Place of Birth: City, State	
Spouse's Company of Employment	Job Title/Description	Employment Address	Phone No.

2. Marriage Data: Include Present & All Former Marriages

Marriage Date/Year	Place of Marriage (City & State)	Date & Location of Separation/Divorce (Supply Documents)
A.		
B.		

Do you have any objections to our contacting your spouse/former spouse? ☐ Yes ☐ No If "Yes," why?

3. List the name(s) of your children, the name & address of each child's other parent, the name & address of each child's guardian (if other than either parent), & each child's date of birth, place of birth, & current address.  
If additional space is needed, go to Part 11.

Name	Date of Birth	Place of Birth	Current Residence of Child
A.			
B.			
C.			

Other Parent Name	Date of Birth	Address
A.		
B.		
C.		

4. If any children listed in Q. #3 are not supported by you, complete the following information.

Name of Support Person	Address of Support Person
A.	
B.	
C.	

5. If you have any other dependents other than those previously listed, complete the following information.

Dependent Name	Relationship	Address of Dependent
A.		
B.		
C.		

6. If you are receiving &/or responsible for paying any court ordered child support, complete the following information.

To Whom Paid/From Whom Received	Amount Paid	Amount Received	How Often
A.			
B.			

7. Are/Were you involved as a complainant/defendant in a paternity proceeding? ☐ Yes ☐ No  
If yes, give details in Part II.

8. Are you a member or have you been a member of any social networks, i.e. Myspace.com, Facebook.com, etc.? ☐ Yes ☐ No  
If yes, give details in Part II.

Use continuation sheets in Part II to provide additional information, if necessary.

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**BACKGROUND INVESTIGATION SUPPLEMENTARY INFORMATION**  
**PART XI - Continuation Page - Details**

[illegible]





[illegible]

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I have personally interviewed the above applicant and reviewed the information contained herein with the applicant and verify that all information is true and correct.

---

Background Investigator Printed Name

Signature

Date

---

Applicant Printed Name

Signature

Date



## Calvert County Career Emergency Medical Services NOTICE TO APPLICANTS

**Please Read Carefully:** In submitting this Applicant Personal History Statement, I authorize the investigation of all statements contained therein. I hereby authorize the Calvert County Department of Public Safety and the Department of Human Resources to make any contacts considered necessary to my employment, to include, but not limited to previous employers and criminal or credit bureau records. I authorize any person or organization whose name I have given as a character reference or by whom I have been previously employed, and any educational institution, which I have stated I attended, to furnish the Calvert County Department of Public Safety or the Department of Human Resources any information they may have concerning me. I hereby release all such persons, organizations, and institutions from any claims for damages or otherwise by reason of furnishing such information and records. It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for rejection of the application or for separation from employment.

I understand that this Applicant Personal History Statement is the property of Calvert County Government and will be retained in accordance with the retention schedule. Driving record checks may be required on an applicant or employee who may be required to operate a County or personal vehicle on business. This will also depend on the nature of the position and the insurance company's requirements. I hereby authorize the Department of Human Resources to obtain a complete driving history.

Under Maryland law, an employer may not require or demand any applicant for employment or prospective employment or any employee to submit or take a polygraph, lie detector, or similar test. Any employer who violates this provision is guilty of a misdemeanor and subject to fine not to exceed \$100 dollars. Exceptions for Calvert County for which polygraphs may be required are law enforcement officers, employees of law enforcement agencies, correctional officers, employees of the Detention Center having direct personal contact with inmates, and dispatchers of the Control Center.

**Policy Statement:** It is the policy of the Board of County Commissioners to comply fully with Federal Government and State regulations with regard to equal employment opportunity. It is, and shall continue to be, the policy of the Board of County Commissioners to provide employment, training, compensation, promotion, and other conditions of employment in the County service based on merit and without regard to age, sex (including pregnancy) (except where age or sex are essential bona fide occupational requirements), sexual orientation, marital status, ancestry or national origin, religion, race, color, genetic information, actual or perceived disability, or gender-related identity or expression.

**I HEREBY ACKNOWLEDGE THAT I HAVE READ THE NOTICE TO APPLICANTS. I FULLY UNDERSTAND ITS TERMS AND SIGN IT FREELY AND VOLUNTARILY.**

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE SIGNED \_\_\_\_\_



